

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): TELEPHONE NO: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street Oroville, CA 95965 (530) 538-7002 <input type="checkbox"/> Paradise Courthouse 747 Elliott Road Paradise, CA 95969 (530) 532-7018	
<input type="checkbox"/> Chico Courthouse 655 Oleander Chico, CA 95926 (530) 532-7009 <input type="checkbox"/> Gridley Courthouse 239 Sycamore Gridley, CA 95948 (530) 532-7006	
PLAINTIFF(S): DEFENDANT (S):	CASE NUMBER:
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT	

I, _____, Attorney at Law, have completed the following (check one):

[] Eight (8) hours of training or education in juvenile dependency law or related subjects as set forth in the Butte County Local Rules of Court.

[] Six (6) months of experience in dependency proceedings.

The experience, training or education occurred during the calendar year(s):

Date

Attorney

VERIFICATION

I have read Butte County Superior Court Rule 17.5 and know its contents.

I am an attorney that practices regularly in the Juvenile Dependency Court. The matters stated in the foregoing document are true of my own knowledge.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and that this Verification was executed on _____, at Butte County, California.

Attorney